



# membership registration

Use this form or register online at [thecentercville.org](http://thecentercville.org), then visit the Welcome Desk to pick up your membership materials.

## Annual Membership Options

**Standard**  Individual \$216 (\$18/mo.)  Household \$384 (\$32/mo.)  
**Prime**  Individual \$588 (\$49/mo.)  Household \$1,056 (\$88/mo.)

**Trial Membership \$40**  
 **Certificate for FREE Trial Membership**

**Check here if you would like to make monthly\* payments on your annual membership.**  
Credit or debit card required.

*\* If membership dues increase during the 12-month cycle of your membership, that increase will be applied to your payments beginning with the month in which the change goes into effect.*

Mr.  Mrs.  Ms.  Miss  Dr.  Other\_\_\_\_\_

Name \_\_\_\_\_  
*First MI Last Nickname (if preferred)*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

*If you joined as a household, please provide a third-party contact.*

Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

### If you are joining as a household, please include household member's information below.

Mr.  Mrs.  Ms.  Miss  Dr.  Other\_\_\_\_\_

Name \_\_\_\_\_  
*First MI Last Nickname (if preferred)*

Email \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

*If you were referred by a Center member, please let us know their name.* \_\_\_\_\_

over →

Amt Paid \$ \_\_\_\_\_  Check  CC Vol/Staff Initials \_\_\_\_\_ Date \_\_\_\_\_  MSC  Card  Photo  DP Scan card # \_\_\_\_\_

**Release and Waiver of All Claims: PLEASE READ BEFORE SIGNING**

FOR AND IN CONSIDERATION OF my participation in Senior Center, Inc., programs and activities, I forever release and covenant to hold harmless Senior Center, Inc. and its officials, officers, employees, independent contractors, representatives, and agents from any and all claims or causes of action for injuries, costs, or damages which I may hereafter have as a result of my participation in any activity affiliated with Senior Center, Inc., without respect to location. I understand that there are risks associated with my participation in Senior Center, Inc., activities and the use of its equipment and other items and hereby acknowledge and assume the associated risks. I expressly agree that this Release and Waiver is as broad and inclusive as permitted by laws of the Commonwealth of Virginia and that if any portion is invalid, I agree that the balance shall continue in full force and legal effect.

**Photo Waiver**

I consent to the use by Senior Center, Inc., of my image, likeness, and voice as recorded in photographs or on audio/video while at The Center for purposes of advertising, communication, or publicity in any medium that will promote Center programs and services. I understand the circulation of materials could be worldwide and that there will be no compensation to me for this use. I hereby release Senior Center, Inc., from any and all liability in connection with its use.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Household Member if applicable)

\_\_\_\_\_  
Date

**Demographic Data**

*Please help us accurately document our demographic data, which is important for grant reporting and helps us understand how we are serving our communities.*

*(If this is a Household Membership, please provide information for both members.)*

**Residence:**  Charlottesville City  Albemarle  Fluvanna  Greene  Louisa  Nelson  
 Other \_\_\_\_\_

**Ethnicity:**  Hispanic, Latino, or Spanish  NOT Hispanic, Latino, or Spanish  
 Self-describe\_\_\_\_\_

**Race:**  American Indian or Alaskan Native  Asian  Black/African American  Multi-Racial  
 Native Hawaiian or Other Pacific Islander  White  Self-describe \_\_\_\_\_

**Gender Identity:**  Woman  Man  Non-binary  Self-describe\_\_\_\_\_

**Transportation to/from The Center:**  Bike  Caretaker/Family member  Drive myself  
 JAUNT  Public bus  MicroCAT  Walk  Other (*please specify*)\_\_\_\_\_